

REPORTABLE DISEASES AND CONDITIONS

California Code of Regulations

WHY REPORT?

The primary objectives of disease surveillance are to (1) determine the extent of morbidity within the community, (2) evaluate risks of transmission, and (3) rapidly intervene when appropriate. The reporting of communicable diseases must be timely for surveillance to be effective. Confidentiality of patient information is always protected subject to compliance with disease control and other laws.

Delays or failure to report communicable diseases has contributed to serious outbreaks in the past. Removing persons from sensitive occupations, e.g., food handlers, prevents the spread of diseases such as salmonellosis and hepatitis A. The detection and treatment of patients with tuberculosis, the identification of asymptomatic carriers of typhoid fever and gonococcal infection, the immunization of persons exposed to vaccine-preventable diseases, and alerting healthcare providers about prevalent infections are just a few of the benefits derived by the entire community when reporting is timely and accurate. Failure to report can result in increased disease in the community, time lost from work or school, increased costs for diagnosis and treatment, hospitalization and possibly death.

Failure to report can also result in disciplinary action by the Board of Medical Quality Assurance (BMQA) for violation of Business and Professions Code, Section 2234 (Duty to Act, Unprofessional Conduct).

COUNTY OF SAN BERNARDINO



DEPARTMENT OF PUBLIC HEALTH

SBHD 02/13/08

COUNTY OF SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

799 East Rialto Avenue, San Bernardino, CA 92415-0011
(909) 383-3050 (909) 386-8325 FAX



REPORTABLE COMMUNICABLE DISEASES AND CONDITIONS

CALIFORNIA CODE OF REGULATIONS

Section 2500, 2641.5-2643.20

Reporting to the Local Health Authority

Acquired Immune Deficiency Syndrome (AIDS) (HIV Infections only: see "Human Immunodeficiency Virus")	Lyme Disease
Amebiasis ♦	Malaria*
Anthrax*	Measles (Rubeola)*
Avian Influenza (human)*	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic*
Babesiosis♦	Meningococcal Infections*
Botulism (Infant, Foodborne, Wound)*	Mumps
Brucellosis*	Paralytic Shellfish Poisoning*
Campylobacteriosis♦	Pelvic Inflammatory Disease (PID)
Chancroid	Pertussis♦ (Whooping Cough)
Chickenpox (only hospitalization and death)♦	Plague, Human or Animal*
Chlamydial Infections, incl Lymphogranuloma Venereum (LGV)	Poliomyelitis, Paralytic♦
Cholera*	Psittacosis♦
Ciguatera Fish Poisoning*	Q Fever♦
Coccidioidomycosis	Rabies, Human or Animal*
Colorado Tick Fever♦	Relapsing Fever♦
Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology♦	Rheumatic Fever, Acute
Creutzfeldt-Jakob Disease (CJD) and Other Transmissible Spongiform Encephalopathies (TSE)	Rocky Mountain Spotted Fever
Cryptosporidiosis♦	Respiratory Syncytial Virus (RSV) ∞
Cysticercosis or Taeniasis	Rubella (German Measles)
Dengue*	Rubella Syndrome, Congenital
Diarrhea of the Newborn, Outbreaks*	Salmonellosis ♦ (Not Typhoid Fever)
Diphtheria*	Scombroid Fish Poisoning*
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)*	Severe Acute Respiratory Syndrome (SARS)*
Ehrlichiosis	Shiga Toxin (detected in feces)*
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic♦	Shigellosis♦
<i>Escherichia coli</i> : Shiga Toxin Producing (STEC) incl <i>E coli O157</i> *	Smallpox (Variola)*
Foodborne Disease♦ ♦	<i>Staphylococcus aureus</i> Infections, Severe* ♦
Giardiasis	Streptococcal Infections ♦ (Outbreaks of any type and individual cases in food handlers and dairy workers only)
Gonococcal Infections	Syphilis♦
<i>Haemophilus influenzae</i> , Invasive Disease ♦	Tetanus
Hantavirus Infections*	Toxic Shock Syndrome
Hemolytic Uremic Syndrome*	Toxoplasmosis
Hepatitis, Viral	Trichinosis♦
Hepatitis A♦	Tuberculosis♦
Hepatitis B, (Specify acute case or chronic)	Tularemia*
Hepatitis C (Specify acute case or chronic) See Note	Typhoid Fever, (Specify acute case or carrier)♦
Hepatitis D (Delta)	Typhus Fever
Hepatitis, Other Acute	Vibrio Infections♦
Human Immunodeficiency Virus (HIV) (§2641-2643)	Viral Hemorrhagic Fevers* (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
Influenza deaths (Report patients less than 18 years of age)	Water-associated Disease♦ (e.g., Swimmers Itch and Hot Tub Rash)
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	West Nile Virus (WNV) Infections ♦
Legionellosis	Yellow Fever*
Leprosy (Hansen Disease)	Yersiniosis♦
Leptospirosis	
Listeriosis♦	

Section 2500, 2641-2643. Reporting (cont'd)

Occurrence of Any Unusual Disease * - a rare disease or emerging disease or syndrome of uncertain etiology which could possibly be caused by a transmissible infectious agent or microbial toxin.

Outbreak of Any Disease* - occurrence of cases of a disease above the expected level over a given amount of time, in a geographic area or facility, or in a specific population group, including diseases not listed in Section 2500.

Note: Guidelines for Reporting Hepatitis C:- Report all HCV positive RIBA tests; all HCV RNA positive tests (e.g. NAT); all HCV genotype reports; and anti-HCV reactive by a screening test (e.g., EIA or CIA) at or above the S/CO ratio or index value predictive of a true positive.

- * To be reported immediately by telephone.
- ⚡ To be reported by mailing a report or by telephoning within one (1) working day of identification of the case or suspected case. All other conditions are to be reported within seven (7) calendar days from the time of identification.
- ♦ When two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.
- § HIV infection became reportable by name April 17, 2006 by Health and Safety Code Section 121022. For additional information on reporting HIV infection, see www.dhs.ca.gov/aids/hivreporting or call the San Bernardino County HIV/AIDS Program at (909) 383-3060.
- ∞ RSV became reportable on November 13, 2002 in San Bernardino County.
- ✧ Severe infections due to MRSA or MSSA in a previously healthy person that resulted in ICU admission or death became reportable on 02/13/2008. A previously healthy person is defined as one who has not been hospitalized or had surgery, dialysis or residency in a long-term care facility in the past year and did not have an indwelling catheter or percutaneous medical device at the time of culture.

IDB/DHS Effective 02/13/2008

Section 2505 and 2612. Notification by Laboratories. Laboratories are to report the following diseases:

Acid Fast Bacillus (AFB)⚡	Human Immunodeficiency Virus (HIV) §
Anthrax*	<i>Legionella</i> ⚡ (antigen or culture)
Avian Influenza*	<i>Listeria</i> ⚡
<i>Bordetella pertussis</i> , by culture or molecular ID⚡	Malaria ⚡
<i>Borrelia burgdorferi</i> ⚡	Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test⚡
Botulism*	<i>Mycobacterium Tuberculosis</i> ⚡
Brucellosis*	<i>Neisseria meningitidis</i> ⚡ (sterile site)
<i>Burkholderia pseudomallei</i> and <i>B. mallei</i> *	Plague, animal or human*
Chlamydial infections incl. Lymphogranuloma Venereum (LGV)⚡	Rabies, animal or human⚡
Cryptosporidiosis⚡	Respiratory Syncytial Virus (RSV) ∞
<i>Cyclospora cayetanensis</i> ⚡	Rubella acute by IgM or culture⚡
Diphtheria⚡	<i>Salmonella</i> ⚡
Encephalitis, Arboviral⚡	Shiga Toxin ⚡ (detected in feces)
<i>Escherichia coli</i> 0157:H7 (STEC) infection⚡ (see Shiga Toxin)	<i>Shigella</i> sp⚡
Gonorrhea⚡	Smallpox*
<i>Haemophilus influenzae</i> ⚡ (sterile site)	Syphilis⚡
Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test⚡	Tuberculosis
Hepatitis B, acute infection by IgM anti-HBc antibody test⚡	Tularemia*
Hepatitis B, surface antigen positivity (specify gender)⚡	Typhoid⚡
Hepatitis C⚡ See Note	<i>Vibrio</i> species infections⚡
	Viral Hemorrhagic Fever agents*
	West Nile Virus (WNV), Infections⚡

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HOW TO REPORT: Extremely urgent conditions (i.e., anthrax, botulism, cholera, dengue, diphtheria, plague and rabies) should be reported by telephone immediately, 24 hours a day. Other urgent conditions should be reported by telephone during regular business hours. Non-urgent conditions may be reported by telephone or mail on confidential morbidity report (CMR) forms. These forms must be filled out completely. All of the requested information is essential, including the laboratory information for selected diseases on the front of the form. All telephone and mailed reports are to be made to the Epidemiology Program in San Bernardino.

County of San Bernardino Department of Public Health
799 East Rialto, San Bernardino, CA 92415-0011
(909) 386-8325 FAX (909) 356-3805 Night and Weekend Emergency

Epidemiology and Bioterrorism Preparedness Program (909) 383-3050
Tuberculosis Control Program (909) 383-3287
STD/HIV Program (909) 383-3060

ORDERING CMRs: For the reporting of non-urgent conditions we will supply CMRs to all providers wishing to utilize them. Once or twice weekly you may insert all accumulated CMRs into an envelope and mail them. For a copy of the CMR form, contact the Epidemiology and Bioterrorism Preparedness Program at (909) 383-3050.

ANIMAL BITE: Animal bites by a species subject to rabies are reportable in order to identify persons potentially requiring prophylaxis for rabies. Additionally, vicious animals are identified and controlled by this regulation and local ordinances (California Code of Regulations, Title 17, Sections 2606, et seq.; Health and Safety Code Sections 1900-2000). Reports can be filed with the local animal control agency or the County Animal Control Office at 1-800-472-5609.

LABORATORY REPORTING: Forward a copy of the laboratory report within the specified time period. Line listings are not acceptable. Forward to the county in which the health care provider is located or to the State Health Officer if out of California. The following information should be included:

Patient Information

- Name
- Date of Birth
- Identification Number
- Address (if known)
- Telephone Number (If known)

Specimen Information

- Result
- Date Taken
- Date Reported
- Accession Number

Provider Information

- Name
- Address
- Telephone Number

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS Section 2800-2812, 2593

DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS (includes Alzheimer's Disease). A physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older diagnosed with a disorder characterized by lapses of consciousness. Examples of medical conditions that this section may cover include Alzheimers disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes. Reporting requirements and exclusions are further defined in CCR Title 17 Division 1 Chapter 4 Sections 2800-2812.

PESTICIDE EXPOSURE: The Health and Safety Code, Section 105200, requires that a physician who knows, or who has reason to believe, that a patient has a known or suspected case of pesticide-related illness or condition, must report the case to the local health officer by telephone within 24 hours. This reporting requirement includes all types of pesticide related illnesses: skin and eye injuries, systemic poisonings, suicides, homicides, home cases, and occupational cases. **Failure to comply with the foregoing reporting requirement renders the physician liable for a civil penalty of \$250.00.** Phone reports may be made to (909) 383-3050. For occupational exposure there is an additional requirement to send the "Doctor's First Report of Occupational Injury or Illness" to the Department of Health within seven days. Copies of the report form (5021, Rev. 4/92) may be obtained from the same office for future use.

CANCER REPORTING: Certain kinds of cancer meaning all malignant neoplasms, including carcinoma in situ, which are specified in the California Cancer Reporting System Standards and the International Classification of Diseases for Oncology, shall be reported to the regional cancer registry within 30 days by physicians and surgeons, and those facilities designated as cancer reporting facilities. For additional information on cancer reporting requirements, please contact the Desert Sierra Cancer Surveillance Program at (909) 558-6170 or obtain their publication at <http://www.ccrca.org>.